

Document ID	Kind	Code	Source	Issue Date	Pages	Image
1	US	3626947 A	USPAT	19711214	6	US 3
2	US	4740207 A	USPAT	19880426	5	US 4
3	US	4856516 A	USPAT	19890815	6	US 4
4	US	4886062 A	USPAT	19891212	7	US 4
5	US	5007926 A	USPAT	19910416	6	US 5
6	US	5015253 A	USPAT	19910514	7	US 5
7	US	5019090 A	USPAT	19910528	13	US 5
8	US	5059211 A	USPAT	19911022	7	US 5
9	US	5116365 A	USPAT	19920526	9	US 5
10	US	5135536 A	USPAT	19920804	9	US 5
11	US	5171262 A	USPAT	19921215	6	US 5
12	US	5226913 A	USPAT	19930713	11	US 5
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14	US	5354308 A	USPAT	19941011	10	US 5
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18	US	5449382 A	USPAT	19950912	9	US 5
19	US	5571166 A	USPAT	19961105	14	US 5
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22	US	5591227 A	USPAT	19970107	14	US 5
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33	US	5779732 A	USPAT	19980714	8	US 5
34	US	5779729 A	USPAT	19980714	4	US 5
35	US	5800524 A	USPAT	19980901	9	US 5
36	US	5800508 A	USPAT	19980901	37	US 5
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38	US	5824052 A	USPAT	19981020	12	US 5
39	US	5836316 A	USPAT	19981117	22	US 5
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41	US	5843118 A	USPAT	19981201	11	US 5
42	US	5861025 A	USPAT	19990119	8	US 5
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US-PAT-NO: 5354308

DOCUMENT-IDENTIFIER: US 5354308 A

TITLE: Metal wire stent

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Drawing Description Text - DRTX (10):

FIGS. 7A-7C are illustrative stylized diagrammatic views of one manner of use of the inventive devices of FIGS. 1-6, as in the treatment of an aneurysm of a large artery:

Detailed Description Text - DBTX (11):

As the catheter enters the passageway V, the thermal insulative properties of the catheter and the flow of cool solution maintain the stent at less than body temperature. When the distal end of the catheter is properly disposed, as for example, in the vicinity of an aneurysm A (FIG. 7B), the stent is moved out of the end of the catheter C. As the stent contacts blood flow, and is subjected to body temperature, the exposed stent immediately and rapidly assumes its first condition, expanding against the walls of the passageway. Upon total ejection of the stent, the catheter is removed, leaving the stent in place to act as an internal wall graft (FIG. 7C).

Current US Original Classification - CCOR (1):

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	Document ID	Kind	Code	Source	Term	Def	Pages	Image
1	US 3572117 A		USOCR	19710323	6	US 3		
2	US 5579767 A		USPAT	19981203	30	US 5		
3	US 5792056 A		USPAT	19980811	40	US 5		
4	US 5799649 A		USPAT	19980901	31	US 5		
5	WO 9853764 A2	A2, A3	EPO	19981203	15	WO 9		
6	WO 9853764 A	A2, A3	DERPATEN	19981203	15	WO 9		
7	US 5916264 A		USPAT	19990629	4	US 5		
8	US 6039754 A		USPAT	20000321	11	US 6		
9	GB 2344053 A		DERPATEN	20000531	27	GB 2		
10	US 6096068 A		USPAT	20000801	25	US 6		
11	US 6224624 B1		USPAT	20010501	25	US 6		
12	US 6230041 B1		USPAT	20010508	30	US 6		
13	US 6226111 B1		USPAT	20010508	15	US 6		
14	US 20010001832 A1		US-PGP	20010524	18	US 2		
15	US 20010001831 A1		US-PGP	20010524	25	US 2		
16	US 20010001830 A1		US-PGP	20010524	24	US 2		
17	US 6240311 B1		USPAT	20010529	41	US 6		
18	US 6238428 B1		USPAT	20010529	25	US 6		
19	US 20010002442 A1		US-PGP	20010531	23	US 2		
20	US 6245095 B1		USPAT	20010612	21	US 6		
21	US 6251130 B1		USPAT	20010626	24	US 6		
22	US 6251129 B1		USPAT	20010626	20	US 6		
23	US 6254626 B1		USPAT	20010703	17	US 6		
24	US 6261312 B1		USPAT	20010717	20	US 6		
25	US 20010008975 A1		US-PGP	20010719	16	US 2		
26	US 20010011185 A1		US-PGP	20010802	17	US 2		
27	US 20010011164 A1		US-PGP	20010802	20	US 2		
28	US 20010016763 A1		US-PGP	20010823	22	US 2		
29	US 20010020175 A1		US-PGP	20010906	27	US 2		
30	US 20010021866 A1		US-PGP	20010913	22	US 2		
31	US 20010021865 A1		US-PGP	20010913	25	US 2		
32	US 20010027265 A1		US-PGP	20011004	31	US 2		
33	US 20010029394 A1		US-PGP	20011011	37	US 2		
34	US 6312452 B1		USPAT	20011106				
35	US 20020002394 A1		US-PGP	20020103				
36	US 20020007202 A1		US-PGP	20020117				
37	US 20020007179 A1		US-PGP	20020117				

US-PAT-NO: 5579767

DOCUMENT-IDENTIFIER: US 5579767 A

TITLE: Method for imaging abdominal aorta and aortic aneurysms

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Brief Summary Text - BSTX (9):

However, MRI has evolved over the past decade to become an accepted technique to image the abdominal aorta and abdominal aortic aneurysms. Advances in magnetic resonance imaging for vascular imaging, known as magnetic resonance angiography, have enabled the additional evaluation of aortic branch vessels. However, limitations in magnetic resonance angiography imaging of the slow, swirling flow within aneurysms, turbulent flow in stenoses, and tortuous iliac arteries have limited the usefulness of these general studies in providing detailed information necessary for preoperative planning. In spite of these limitations, recent developments in gadolinium-enhanced magnetic resonance angiography have overcome several of the imaging problems. (See, e.g., Debatin et al., "Renal magnetic resonance angiography in the preoperative detection of supernumerary renal arteries in potential kidney donors", Invest. Radiol. 1993;28:882-889; Prince et al., "Dynamic gadolinium-enhanced three-dimensional abdominal MR arteriography", JMRI 1993;3:877-881; and Prince, "Gadolinium-Enhanced MR Aortography", Radiology 1994; 191 (1): 155-64).

Detailed Description Text - DTX (9):

Moreover, although information relating to thrombus is not important for conventional abdominal aortic aneurysm operations, assessment of intraluminal thrombus may be significant when planning endoluminal graft placement, as the latter technology is introduced into clinical practice. The thrombus may be detected from the sagittal and axial 2D time-of-flight images. These images may also be used to identify the features of the thrombus, including its location, surface character, and/or enhancement. Such information may be used to determine the embolic potential of the thrombus. Furthermore, the axial and sagittal images facilitate in accurately ascertaining aorta diameter and length which may facilitate customization of an endoluminal graft for a given abdominal aortic aneurysm.

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15	US 20010001831 A1			US-PGP	20010524	25	US 2
16	US 20010001830 A1			US-PGP	20010524	24	US 2
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21	US 6251130 B1			USPAT	20010626	24	US 6
22	US 6251129 B1			USPAT	20010626	20	US 6
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27	US 20010011184 A1			US-PGP	20010802	20	US 2
28	US 20010016763 A1			US-PGP	20010823	22	US 2
29	US 20010020175 A1			US-PGP	20010906	27	US 2
30	US 20010021866 A1			US-PGP	20010913	22	US 2
31	US 20010021865 A1			US-PGP	20010913		
32	US 20010027265 A1			US-PGP	20011004		
33	US 20010029394 A1			US-PGP	20011011		
34	US 6312452 B1			USPAT	20011106		
35	US 20020002394 A1			US-PGP	20020103		
36	US 20020007202 A1			US-PGP	20020117		
37	US 20020007179 A1			US-PGP	20020117		

US-PAT-NO: 5916264

DOCUMENT-IDENTIFIER: US 5916264 A

TITLE: Stent graft

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Abstract Text - ABTX (1):

A stent graft has two coaxially arranged, radially expandable stents, and a flexible, stretchable material layer arranged between the stents. Both stents are directly connected with one another in their end regions and the material layer is formed as a fabric band wound around an inner stent.

TITLE - TI (1):
Stent graft

Brief Summary Text - BSTX (2):

The present invention relates to a stent graft.

Brief Summary Text - BSTX (3):

More particularly, it relates to a stent graft which is used for supporting of vessels, in particular in the case of aneurisms and also in the case of labile or brittle or thrombotic vessels.

Brief Summary Text - BSTX (4):

Conventional stent grafts are composed as a rule of a radially extending stent which is produced for example by a laser cutting from metal tubes and a coating which is sewn on it and composed of a fabric or a foil. The coating has the objective to prevent a blood passage or a passage of blood components or deposits through the wall of the stent graft as well as a growing of the fabric through the wall into the interior of the stent graft. Thereby it is also guaranteed that the vessel wall is unloaded from blood pressure and at the implementation point of the stent graft no embolism can occur.

Brief Summary Text - BSTX (5):

In the conventional stent knots are formed because of a fixed sewing of the coating to the stent. They lead to whirling in open through flow of the vessel with the danger of rhombus formations. When the coating is composed of knitted or woven fabric, it must be folded around the stent. A fold-free tensioning of the coating during dilatation of the stent is therefore not always guaranteed.

Brief Summary Text - BSTX (6):

Accordingly, it is an object of present invention to provide a stent graft which avoids the disadvantages of the prior art.

Brief Summary Text - BSTX (7):

In keeping with these objects and with others which will become apparent hereinafter, one feature of present invention resides, briefly stated, in a stent graft which has two coaxially arranged radial extending stents and between the both stents a flexible, stretchable material layer is provided, for example a flexible and stretchable biological fabric.

Brief Summary Text - BSTX (8):

In the inventive stent graft sewing of the material layer on a stent can be dispensed with, since the material layer between the coaxial stents is clamped. Moreover, the material layer during insertion of the stent into the vessel is protected from injuries. Because of the flexible and stretchable properties of the material layer, it can be radially extended together with the both stents on the implantation location.